

# The Rational Enquirer

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A publication of the Oregon  
Teen Pregnancy Task Force



## New Truths About Old Facts Taking Our Knowledge into the 21st Century



**The Rational Enquirer**  
**A publication of the Oregon**  
**Teen Pregnancy Task Force**

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# New Truths

## About Old Facts

### Taking Our Knowledge into the 21st Century

This issue of *The Rational Enquirer* looks at some of the myths and facts that abound in teen pregnancy, adoption, contraception, and other areas.

We live in an appropriate time for reflecting upon the past and looking ahead to the issues of a new century. Many things that we once took for granted are coming under attack. Whether it's the efficacy of condoms or the value of abstinence until marriage, our thinking is being challenged on several fronts. Old methods and ideas are being resurrected, re-examined, debated, and sometimes institutionalized.

We are confronted daily with information overload from new media and old, much of it lacking the traditional filters of time and editorial rigor. Agendas are political, passionately felt, often irreconcilable, and sometimes hidden. The scientific community has long been relied on for its expertise in shaping health information and policy. When misinformation replaces sound scientific study and medically accurate information, reasonable people must be prepared to take a stand.

The first step is for all of us, adults and teens alike, to sharpen our critical thinking skills. We must question what we hear and educate ourselves about what is myth and what is fact.

At *The Rational Enquirer*, the agenda has always been simple, clear, and straightforward. We strive to equip young people, their families, and the adults who work with them, with the best possible information to support their decision making. We believe that teens, given factual information, are capable of making healthy decisions for themselves.

We exist as a voice of the community, expressing your views, your ideas, and your successes; reflecting all the creative and varied approaches needed to address teen pregnancy and teen parenting. As our name implies, we seek to be a voice for reason. We are science-based and we try never to shy away from facts, even those facts that may be difficult for some in our society to hear.

That said, we urge you to read this health publication, as well as all publications, with a critical eye.

# The Good News About Teen Pregnancy

The rate of teen pregnancies is going down in Oregon. And so are teen births and abortions. Here are the actual stats:

- Teen pregnancies have declined 26.8 percent since 1998 and 20.4 percent since 1993.
- Teen births have declined 26.4 percent since 1998 and 19.5 percent since 1993.
- Abortions have declined 27.5 percent since 1998 and 22.1 percent since 1993.

Of course, this is no time to be complacent, as some other statistics suggest:

- In 2003, 10.3 percent of teens received inadequate prenatal care (less than 5 prenatal visits or care beginning in the 3<sup>rd</sup> trimester), a slight increase from 8.8 percent in 1998.
- In 2003, 19.0 percent of teens who gave birth had one or more other children, essentially no change from the 1998 figure of 18.6 percent.
- In 2003, 27.5 percent of teen patients reported using a form of contraception, up just slightly from 25.7 percent in 1998.

So let's take a minute or two to celebrate the good news. And then get back to work.

## Oregon Teen Pregnancies, Births, and Abortions

Year	Pregnancies	Births	Abortions
2003	6,179	4,163	2,016
1998	8,439	5,660	2,779
1993	7,761	5,174	2,587

# New Truths and Old Facts

- The oldest known contraceptive, used in Egypt around 1500 B.C., included crocodile dung and honey.
- Birth control devices were widely available in the U.S. in the 1870s. In 1873, Congress defined birth control information as "obscene" and banned it from interstate commerce.
- Margaret Sanger opened the first U.S. birth control clinic in 1916. It was closed by the police, and Sanger received a 30-day jail sentence.
- Most young people begin having sex in their mid-to-late teens, about 8 years before they marry.
- A sexually active teenager who does not use contraceptives has a 90% chance of becoming pregnant within one year.
- Nearly 9 out of 10 teens think the number of teenage pregnancies in the United States is a serious problem.
- Every year 3 million teens—about 1 in 4 sexually experienced teens—acquire an STD.
- 1/3 of pregnant teens receive inadequate prenatal care; babies born to young mothers are more likely to be low-birth-weight, to have childhood health problems, and to be hospitalized than are those born to older mothers.

*This information comes from research performed or compiled by The Alan Guttmacher Institute and SIECUS, and from historical sources.*



## Now Playing on a Computer Screen Near You

If you haven't surfed [ehealth4teens.org](http://ehealth4teens.org) yet, you're missing one of the most interactive teen health sites on the Web. The site features six high school characters each struggling with teenage problems, leading the user to games, quizzes, personal health assessments, hotlines, and calculators. EH4T provides access to information about sex, STDs, body image, fast food dangers, gay and lesbian issues, job postings, and a lot more.

Created with the help of teens and the Multnomah County School-Based Health Center Program, the site offers tools and resources to help teenagers understand the issues they're dealing with and lead them to healthier lifestyle choices. Content is non-judgmental and many links and resources are available in Spanish.

For more information, contact Erik Vidstrand, project coordinator, at (503) 988-4424 x28805. Better yet, click on [www.ehealth4teens.org](http://www.ehealth4teens.org).



# Myths and Facts About Adoption

*Think you know adoption? You may be surprised.*

Adoption isn't what it used to be. Gone are the secrets and the lies. Birthparents' rights and choices drive the process now, and the result is healthier and happier adopted kids.

**Myth:** A mother who really loves her baby would never choose adoption.

**Fact:** Birthmothers who place their children in adoptions deeply love their children, like other mothers. But depending on circumstances, some women are not prepared to fully meet a child's needs. Planning an adoption can be a loving and responsible way to help a child get the very best out of life.

**Myth:** If I planned an adoption, I would never see my child again.

**Fact:** Most U.S. adoptions today are open adoptions, in which the birthparents maintain some form of contact with their child as she or he grows up. At Open Adoption & Family Services, a nonprofit adoption agency serving Oregon and Washington, birthparents choose an adoptive family from 60 or more candidates, meet the adoptive family, and create legally enforceable agreements for ongoing contact with the child.

**Myth:** Adoption is the most selfless choice a teenage mother can make.

**Fact:** Keeping a baby is one of the most natural acts, regardless of a parent's age. Selfishness is not the issue here. Teenagers facing unplanned pregnancies have three legitimate choices. They can parent, terminate the pregnancy, or plan an adoption. Each choice has pluses and minuses; each comes



with its own grief and losses. Only you can decide which choice is best for you and your child.

**Myth:** If I planned an adoption, I would be haunted by grief and a sense of abandonment.

**Fact:** Giving birth is a profound experience, and there will always be an important bond between you and your child. You will always be her birthmother. An adoption won't change those facts. It isn't abandonment; it's just another way of providing for a child. Open adoption allows you to see for yourself that your child is thriving in the adoptive home. It allows you to express your love and support.

**Myth:** Adoption is bad and/or confusing for children.

**Fact:** Secrets and shame are bad for children. Research shows that children in closed adoptions are troubled by two questions: "Whom do I look like? Why didn't my birthparents keep me?" Open adoption allows the birthparents to answer these questions themselves. Children who grow up in loving adoptive homes and have support

and information from their birthparents are able to develop self-esteem and a healthy sense of identity. They understand the separate and distinct roles played by their parents and birthparents. A child can never have too many people who love and support him.

**Myth:** Birthmothers have little or no control in the adoption process.

**Fact:** In open adoption, birthmothers have as much control as they want. They choose the adoptive family. They determine the level of openness that's right for them. They decide who will attend the birth, how soon after birth the child will be placed with the adoptive family, and how often they will visit the child afterward.

**Myth:** There's no role for birthfathers in the adoption process.

**Fact:** Birthfathers, who have also agreed to adoption, are equally important to the open adoption process. Whenever possible and appropriate, their needs and wishes are respected and discussed. They are entitled to free individual counseling, just like the birthmother. They can set up open adoption agreements, just like the birthmother, and stay in touch with their child.

**Myth:** My friends and family would think badly of me.

**Fact:** Many people are still unfamiliar with open adoption, and birthparents often have to educate them about the process. Once family and friends begin to understand how it works, they usually become supportive.

# The Choices We Make. . . An Open Adoption Story

RandiSue Johnson was 18 and a freshman at Mt. Hood Community College in Portland when she discovered she was pregnant. She and the father weren't a couple; he was a casual friend from school.

She quickly ruled out termination of the pregnancy, partly because of religious beliefs and partly because of family history. "My mom was 19 when she got pregnant with me, and I wanted to give my baby a chance at life, too."

Adoption, she decided, would be the best way to provide that chance. "So many friends in high school were young teen moms, and I saw them struggle," she said. "I knew there were families out there who could do a better job than I could. Some of my friends thought I was doing it because I didn't care about the baby. But I was doing it because I wanted the very best for her. She'd be in day care all day, and I'd be working 24-7. I'd never see her."

She chose open adoption, rather than a confidential or "closed" adoption, so she could be involved in her daughter's life. She wanted to be there for the "firsts" – first words, first steps. It's also important, she believes, for children to have connections with their birth families. She herself never knew her biological father, something she's sorry to have missed out on.

Megan is now 3 years old and living with her new family in Southern Oregon, where RandiSue is able to visit her every two to three months. She's spent

spring break camping with the adoptive family, and her parents have also made the trip south. Megan's parents have become like a supportive aunt and uncle to her. "We thought it would be a loss," RandiSue said of the decision to place Megan. "But we've become this huge family."

Megan's parents keep pictures of RandiSue around the house and try their best to explain what a birthmother is. RandiSue isn't sure if Megan understands adoption quite yet. "She kinda thinks of me as just RandiSue, a visitor, all the time. I think she'll understand when she's a little bit older."



This is not to say that adoption is easy. Along with some dangerous physical complications after Megan's birth, RandiSue has experienced the deep grief common to all birthmothers who place a child, especially during the first year. But she continued to believe she was

doing the best thing for her child. And the openness of the relationship helped her cope with her sadness. "You get to call the family and ask how the baby's doing," she said, "which is very comforting."

Megan's not the only one thriving. Now 22, RandiSue will graduate from Portland Community College in the spring of 2006 with an associate's degree in fitness. She plans to work as a trainer with women, focusing on teens and pregnant women. She's seriously dating a guy and they're discussing marriage.

## An Open Adoption Pioneer

Open Adoption & Family Services is a private, nonprofit organization, not affiliated with any church or governmental agencies. It pioneered open adoption in the Northwest and has facilitated about 900 adoptions since 1985. The agency empowers birthparents to make choices and helps clients form healthy, child-centered open adoption relationships. All services for birthparents are free and include post-placement counseling, birthparent support groups, annual retreats, mentors, and counseling for girls experiencing unplanned pregnancies. Offices are located in Portland, Eugene, Medford, and Seattle. Those want more information or to speak with a counselor can call 1-800-772-1115 or visit [www.openadopt.org](http://www.openadopt.org).

*"Adoption was hard to choose, but it was the best decision... My daughter will be loved and cherished by the adoptive family I chose. I love her very much, and she will be in my heart always."  
—a birthmother*



# Shocking News for Every Young Woman:



## Not Everything You Hear is True!

by Aylett Wright

Here are a few questions for the young women reading this issue. When did the adults in your life start talking to you about your body? About sexuality? Did anyone ever mention pleasure? Has anyone invited you to discuss what you think and feel about this complex and interesting topic?

Some adults believe that if we don't tell young people that sexual thoughts and feelings are pleasurable, they won't figure it out on their own. Some are concerned that if we give young people information about sex, they are more likely to go out and experiment. Both of these ideas are myths.

### *The Pleasure Myth*

As human beings, we learn early that being held closely and tenderly feels nice. Even babies like to touch themselves when their diapers come off. It doesn't mean they know anything about sexuality; they're just acting by instinct. It also doesn't mean that we quit finding such pleasure as we grow older. We realize that sexuality is interesting, and that pleasure is a part of it.

As girls and women, we get all kinds of conflicting messages, from parents, friends, and media. Those messages may include feeling embarrassed about our bodies or sexual feelings. If no one tells us they're normal, we may feel like the only person in the world who has ever had these thoughts. If you've felt this way, you need to know you are not alone and that you are **NORMAL!**

When we begin to date, we're supposed to look attractive, even sexy, but are not supposed to be interested in sex until we find "the one." When the time comes that we choose to be sexual with a partner, we're supposed to know what to do and how to feel—even though we may have received no information about what a woman might expect or enjoy. This contributes to the big myths about pleasure—that it's all a mystery and you have to find out on your own.

### *The Information Myth*

Some adults fear that information is harmful to young people, that the more you're told about sex, the more you know about birth control, the more eager you'll be to start having sex. The opposite is more likely to be true. When young people have good, solid information and the opportunity for discussion with caring adults, they have the tools to make better decisions.

In much of Europe, for instance, sexuality education is an accepted part of life for people of all ages. Public media campaigns don't focus on fear or shame, but on positive information that supports teen health. Teen pregnancy and STD rates are often lower than in our country. Even more interesting, many young people begin to have sex a year or more later than U.S. teens.

It's natural to need help with the emotional aspects of growing into sexually healthy and responsible young adults. Fortunately, information that can help you learn about yourself, your feelings, and your options for enjoying and taking care of yourself is as close as the library and the Internet.

*Aylett Wright works in the Bend office of Planned Parenthood of the Columbia Willamette*

***80% of the decline in the overall U.S. teen pregnancy rate is due to more effective contraceptive practice; 20% is due to decreased sexual activity.***



## Allies on the Front Lines of Outreach

The logical goal of education outreach is to reach out to as many people as possible. One way to accomplish this is to enlist allies in all parts of the communities we serve. Here are some particularly creative approaches:

### The Return of the Community Health Worker.

Community health workers were somewhat out of fashion for a time, but appear to be making a welcome comeback. CHWs are frontline health care professionals who put their considerable skills and knowledge to work within the communities in which they live. They often provide health education and outreach for the poor and underserved who otherwise have little access to health care. Many CHWs have gained skills that enable them to perform preventative medical services, monitor community health, identify patients at risk, act as liaisons between the community and the health system, and provide basic curative services. An instructive report on community health workers can be found at [www.communityvoices.org/Uploads/CHW\\_FINAL\\_00108\\_00042.pdf](http://www.communityvoices.org/Uploads/CHW_FINAL_00108_00042.pdf)



## Cultivating the Grass Roots.

We tend to form very special relationships with the people who take care of our hair. Women tell their hair stylists things they don't tell even their families. Just down the street, their husbands and boyfriends make the neighborhood barbershop a lively social gathering place. These cornerstones of urban life can be valuable partners in outreach, as a number service agencies have discovered. In programs like Cut

It Out, hair stylists are trained to identify and refer clients who may need professional help or counseling for domestic violence ([www.cutitout.org/index.htm](http://www.cutitout.org/index.htm)). In Seattle's Barbershop Project, the laid-back atmosphere of a barbershop has shown to be very effective for providing information and resources on HIV/AIDS prevention to men in the African American community ([www.brotobro.com/](http://www.brotobro.com/)).

***Four out of 10 teens say they learned the most about preventing pregnancy from teachers and sexuality educators; 34% credit parents and other adults.***





## Down the Aisle and Out of Poverty

### The Other Great Marriage Debate

Is marriage a way out of poverty for families with children? That's a hot issue among policymakers and researchers these days. Some believe that marriage substantially decreases poverty; others say the effect is minimal; still others claim that encouraging marriage among low income people has no positive benefits. Where does the truth lie, and how does it apply to teens who are parenting?

The Center for Law and Social Policy (CLASP) provided some useful perspectives on the subject in its August 2004 policy brief, *I Can't Give You Anything But Love: Would Poor Couples with Children Be Better Off Economically If They Married?*

- Married couples have a much lower poverty rate than any other household with children.
- The poverty rate for couples who live together but don't marry is twice as high as for those who are married.
- Couples who marry and have children are more likely to receive help from friends and family than are single-parent families or cohabitating couples.

- People who were ever married are one-third less likely to live in poverty than those who never marry.

On the other hand, the article also notes that:

- Women who have children before marriage are less likely ever to marry, and when they do, are less likely to stay married and more likely to marry a man with poor economic prospects.
- Educational levels play a large role in marital stability. Roughly 60 percent of marriages involving women without a high school diploma result in separation or divorce, compared to one-third for women with a college degree.

The central question is whether marriage is related to lower poverty and greater stability, or whether people who are more stable and less impoverished in the first place are more likely to get married and stay married. Marriage, the author concludes, "is no substitute for other efforts to reduce poverty, such as increasing educational attainment, providing job training, taking steps to improve job quality for low wage workers...and reducing racial discrimination."



**78% of teen pregnancies are unintended, accounting for about 1/4 of all accidental pregnancies annually. Teen pregnancy rates are much higher in the United States than in many other developed countries—twice as high as in England and Wales or Canada, and nine times as high as in the Netherlands or Japan.**

**25% of teenage mothers have a second child within 2 years of their first.**



**In the U.S. each year, nearly one million women aged 19 or younger become pregnant.**

## Marriage and Teenage Motherhood



The relationship between teenage motherhood and marriage is explored in the September 2004 issue of *Science Says*, a publication of Child Trends. While teen birth rates are at their lowest level in 40 years, the rates of teens marrying have also dropped dramatically. In 1960, nearly 4 out of 5 teens who were parenting were married. Today that rate is 1 in 5. The decision to marry may be less tied to the fact of having a child than it was 40 years ago, when raising a child outside marriage was far less accepted.

The article notes that teen parents are less likely than their non-parenting peers ever to get married. But teens who do marry are more likely to:

- face higher rates of divorce than older couples, whether or not they are parents, and
- have a more closely spaced subsequent birth than their non-married peers, elevating the risk for premature or low birth-weight babies, increased stress for both parents, and increased poverty, especially if the marriage ends.

Some experts argue that poverty itself is the greatest factor in determining outcomes, both for raising healthy and economically stable children and for maintaining a stable relationship inside or outside of marriage. In the fall 2003 issue of *Contexts*, a publication of the American Sociological Association, sociologist Andrew Cherlin suggests that promoting marriage as a solution to poverty may have little effect and could in fact contribute to unhealthy or unsafe marriages and higher stress levels caused by the addition of a stepparent and increased divorce rates. Government promotion of marriage, he argues, may have symbolic value but cannot be successful as an anti-poverty program.

So what does it all mean? The likelihood of federal funding for marriage promotion is high, and programs all over the country are grappling with how best to respond. For those of us who work with teens and teen parents, these articles suggest that the best approach is to promote educational attainment and job-related skill development; to encourage delaying unprepared and unintended childbearing; and to offer programs that help teens develop positive, stable relationships in their lives. That way we can rely on them to make positive choices about whether to marry and how best to raise their children.

# A Young Woman's Journey to Purpose

By Sita Farmer

My heart's desire, ever since I developed an awakening sense of purpose, has been to give back to society the same encouragement and hope that was so freely given to me. Many of my life's most valuable experiences occurred on the difficult journey I took in finding myself. Looking back now, I realize that those experiences happened so that I could use them to help others on their own journeys. I am incredibly grateful for this opportunity to share my journey, and my dream.

In my early teens, my mother turned her custody of me over to the state. As a ward of the court, I was sent to a residential treatment center in Los Angeles. Feeling abandoned by parents who were addicted to drugs and alcohol, I was lost with no purpose and no sense of trust.

Before going to the center, I operated in "survivor mode," stealing food, clothes, shampoo, whatever I needed. Once there, I learned that my basic needs would be met, and for the first time, I was able to form relationships with adults who were focused on my needs. Routine had been alien to me, but now the daily regimen of school, meals, art, exercise, and therapy were stable and supportive. Gradually I learned how to work with others and to take responsibility for my choices. Looking back now, I understand that my life was being saved. And I find strong inspiration in the fact that one person can change another person's life by honestly

encouraging and believing in her potential.

Early on at the center, I had been labeled severely emotionally disturbed, which sometimes made me feel that I belonged in a mental hospital. Unlike some of my roommates, who accepted the "mentally ill" label and tried to commit suicide, what I felt most was misunderstood. Even at 14, I knew that attention needed to be focused on my capacity for achievement and restoring my self worth. Today, while I agree that there are times when an individual needs medication, I remain concerned about the misuse of medications and the negative impact of labeling young children.

I value that my journey has taught me to be tolerant and empathetic of others' needs. And this in turn has led to a strong desire to advocate for child and family welfare. As a single mother myself, I am especially eager to help empower teen parents in achieving their goals, through utilizing the supportive resources that are available to them. I have learned firsthand how vulnerable people can be used as scapegoats and blamed for the social ills in society. And I know how society perpetuates social problems by racially profiling minorities as criminals or labeling young children with psychological disorders, which in turn creates a self-fulfilling prophecy.

Through my journey, I have come to see the meaning of

family as a loving, safe, nurturing environment where growth is supported. But families today face many stressful issues, such as single parenting, the effects of drugs and alcohol, abuse and neglect. The challenge of healing society needs to be addressed holistically, through the use of mind, body, and spirit-based restorative justice programs. For me, healing of the mind involved sharing and listening to others that I trust. I healed my body through movement and dance, and I healed my spirit through hope and faith. I saw my mentors as survivors who were willing to share themselves, and I knew I could do the same in my turn. At this stage in my journey, I am prepared to offer all that I am and all that I will become: my life experiences, humility, empathy, commitment, motivation, and openness to change and new ideas.

*Sita Farmer graduated from Portland State University with a degree in sociology in 2002. She currently serves as an AmeriCorps member at Insights Teen Parent Program, where she shares what she has learned since becoming a teen mom at 17. She provides sexuality education and support to parenting teenagers and does prevention work with non-parenting teenagers. In the fall of 2005, Sita will begin graduate studies in social work at Portland State.*





## *Just Because I Am a Boy*

*Just because I'm a boy  
I'm not mean  
I'm not going to play  
basketball when I grow up  
I'm not going to punch you.*

*Just because I'm a boy  
It doesn't mean I watch  
NASCAR and drink  
Coke  
I'm not evil  
And I don't want to  
hurt you.*

*Just because I'm a boy  
I don't look down upon  
you  
I won't be a bad driver  
when I grow up  
And I don't smoke.*

*Just because I'm a boy  
It doesn't mean I'm really  
bossy  
Or even I'll be older than  
my wife.*

*Just because I'm a boy  
Why can't I be friends with  
girls?  
What's the big deal?  
What's the matter with me  
being a boy?  
Just because I'm a boy.*

The poet was a fifth grader at  
a Portland Public School.

# All America Wants to Know: Can Birth Control Make You FAT?



Well, maybe not *all* America, but it is a common concern among many women and health care providers. Which is why the Office of Family Health, Women's and Reproductive Health asked researchers at Oregon State University's Department of Public Health to conduct literature reviews in a search for answers. Here's the short list of what they learned:

- **The Pill:** No causal relationship seems to exist between combined oral contraceptive use and weight gain.
- **The patch:** Does not appear to cause weight gain any more or less than what is attributed to oral contraceptive pills.
- **Implants and injectables:** Only two methods of contraception are associated with weight gain — the implant Norplant® and the injectable Depo-Provera®. Norplant is not available for new contraceptive users in the U.S.

As we digest this information, it's important to remember how complex an issue this is. Certainly,

weight gain or loss is determined by more than a single variable such as contraceptive use. Other variables also play their part, including diet, exercise routine, age, body image, depression, and genetic factors.

Equally important, relatively few random control studies — the gold standard for measuring causal relationships — have closely examined contraceptive use and weight gain. The majority of studies conducted to date are quasi or non-experimental designs, focusing on the amount of pounds gained without measuring other explanatory variables such as change in diet or exercise regime.

Absent any conclusive evidence to the contrary, women should certainly be reassured that weight gain from the use of hormonal contraceptive pills seems to be one less thing to worry about. But just saying, "Oh, don't worry about that," is far from satisfactory, so the researchers on the literature review project outlined some truly helpful action steps for addressing this issue with clients.

## Action Steps

1. **Openly discuss weight concerns with your clients, especially adolescents.** Assist them to identify a plan of action if they feel weight gain may cause them to discontinue a method. Jointly select a backup method in advance. Encourage clients to contact you to discuss side effects and plans to discontinue a method.
2. **Seek additional training on the reproductive health impacts of being overweight or obese.** Find out how to best address obesity and weight gain with your clients. Motivational counseling may be an ideal approach.
3. **Encourage your clients to be physically active on a daily basis.** Oregon has the distinction of being the sole state west of the Rocky Mountains with adult obesity rates over 20 percent. Partner with community organizations to advance the Healthy Active Oregon – Physical Activity Plan – [www.dhs.state.or.us/publichealth/hpcdp/](http://www.dhs.state.or.us/publichealth/hpcdp/)



## Overweight, on the Pill, and Pregnant. How Did That Happen?



Now there's one more reason to be concerned about the growing challenge of obesity among America's youth: Overweight women who take oral contraceptives are significantly more likely to get pregnant *while on the birth-control pill* than are thinner women. That information comes from a new study conducted by epidemiologists from the Fred Hutchinson Cancer Research Center in Seattle and published in the January issue of *Obstetrics & Gynecology*.

The study found that an association between extra pounds and pill failure first surfaced among overweight women whose body-mass index was 27.3 or higher (for example, a 5-foot, 4-inch woman who weighs 160 pounds or more). These women faced a 60 percent greater risk of getting pregnant while on the pill. Those considered obese (a BMI of 32.2 or greater) faced a 70 percent greater risk. These statistics suggest that of 100 women taking oral contraceptives for a year, an additional two to four women will get pregnant due to being overweight or obese.

Why does this happen? The study didn't go into that question, but the researchers have some possible explanations, including the fact that an overweight woman's higher metabolic rates and greater number of liver

enzymes can reduce the duration and effectiveness of a medication. Another factor is that today's oral contraceptives contain relatively low hormone levels compared to earlier versions, in an effort to reduce side effects. The dosage may simply not be high enough for heavier women.

But the solution does not lie in a higher-dose pill, because the increased contraceptive hormones might increase the cardiovascular-disease risk factors for a segment of the population that is already at higher risk for CVD.

Instead, the study researchers recommend that overweight women who have not yet completed childbearing be advised to consider using a backup form of birth control while on the pill, such as the condom or other barrier method.

Another recommendation for heavy women on the pill is to lose weight. Though that can be difficult to do, it does have the benefit of translating into other health benefits. The study, led by epidemiologist Victoria Holt, Ph.D., M.P.H., is the largest case-control study of its kind to examine the link between body-mass index and oral-contraceptive failure. Holt and colleagues studied 781 women who used oral contraceptives between

1998 and 2001, 248 of whom became pregnant while taking the pills and 533 who did not. The research was conducted in collaboration with Delia Scholes, Ph.D., a senior investigator at the Center for Health Studies at Group Health Cooperative in Seattle. The Fred Hutchinson Cancer Research Center is an independent, nonprofit research institution dedicated to the development and advancement of biomedical technology to eliminate cancer and other potentially fatal diseases.

**Body-mass index, or BMI, is a measure of body fat based on height and weight. The World Health Organization divides BMI into four categories for both men and women: underweight (18.5 or lower), normal (18.5 to 24.9), overweight (25 to 29.9) and obese (30 or greater). A BMI calculator is available on the National Institutes of Health Web site at <http://nhlbisupport.com/bmi/bmicalc.htm>**

# What Teens Want Other Teens To Know About



## Preventing Teen Pregnancy

by Aylett Wright

Teens get loads of advice from adults, but they aren't often asked to offer their own. Along with *Teen People* magazine, the National Campaign to Prevent Teen Pregnancy set out to change this by asking teens directly what they would say to other teens about preventing pregnancy. The advice that follows is based on suggestions by readers of *Teen People*. The campaign's own youth leadership team and teen visitors to the campaign's Web site also played a key role.

1. Thinking "it won't happen to me" is stupid; if you don't protect yourself, it probably will. Sex is serious. Make a plan.
2. Just because you think "everyone is doing it," doesn't mean they are. Some are, some aren't—and some are lying.
3. There are a lot of good reasons to say "no, not yet." Protecting your feelings is one of them.
4. You're in charge of your own life. Don't let anyone pressure you into having sex.
5. You can always say "no"—even if you've said "yes" before.
6. Carrying a condom is just being smart—it doesn't mean you're pushy or easy.
7. If you think birth control "ruins the mood," consider what a pregnancy test will do to it.
8. If you're drunk or high, you can't make good decisions about sex. Don't do something you might not remember or might really regret.
9. Sex won't make him/her yours, and a baby won't make him/her stay.
10. Not ready to be someone's mother or father? It is simple: Use protection every time or don't have sex.

For more information, log on to The National Campaign To Prevent Teen Pregnancy at [www.teenpregnancy.org](http://www.teenpregnancy.org)

***One-quarter of teenage women who have had sex report that their first intercourse was unwanted.***

The California Adolescent Sibling Pregnancy Prevention Program has proven effective in reducing the pregnancy rate among teen parents' siblings. Program managers can consider replicating it in their own communities. For more information about that program, contact the California Department of Health Services, Maternal, Child and Adolescent Health (MCAH); 714 P Street, Room 750; Sacramento, CA 95814; Phone: 916-657-2233. Or log on to: <http://www.mch.dhs.ca.gov/programs/asppp/>



# Following in Sis's Footsteps: An Aunt Today, a Mom Tomorrow



*Younger siblings of teen parents are far more likely to become pregnant as teens than younger siblings of teens who are not parents.*

Eighty percent of teen mothers continue to live at home one year after giving birth, and many teen parents (39% of teen mothers and 48% of teen fathers) live in households with one or more siblings. According to several studies, younger siblings of teen parents are *2 to 6 times* more likely to become pregnant as teens than younger siblings of teens who are not parents.

They also seem to have more accepting attitudes towards early sex and teenage pregnancy compared to youth whose older siblings are not parents. And they tend to have lower educational aspirations and more problems at school than siblings of non-parenting teens. Other risk factors for early sex that appear to be more prevalent in younger siblings of teen parents include participating in delinquent behavior and being around peers who are sexually active. Younger siblings of teen parents see firsthand the hardships of

being a teen parent and should have less romanticized views of babies and parenting. So why are they at greater risk? The studies suggest a number of reasons:

- **Shared Risk Factors:** If one teen's risk of pregnancy is partially due to living in poverty, in a single parent family, or in an unsafe neighborhood, these factors will similarly increase pregnancy risk among younger siblings in the same household.
- **Modeling:** Younger siblings may learn negative behavior from their older siblings, since they often look up to them for advice and support.
- **Family Dynamics:** Younger sisters who perceive that their parents favor their older pregnant/parenting sibling are likely to mimic their older siblings' behavior.
- **Child Care:** One study found that the average younger sibling of a teen parent spent more than 10 hours a week caring for the child. The more time a younger sister spent in child care activities, the more likely she was to have pessimistic school aspirations, be sexually active, and to intend to have a child right away.
- **Parents of Teen Parents:** One study found that parental monitoring of all children in a family decreased after one child becomes a teen parent. Some parents may view their child becoming a teen parent as their own failure and may

feel incapable of affecting their other children's sexual behavior.

## What Can Be Done

Even with the scarcity of existing research, what is known clearly indicates that younger siblings of teen parents are at increased risk for becoming teen parents themselves. Efforts, attention, and resources should be allocated accordingly.

- **Program Directors** can identify participants with pregnant or parenting siblings and be aware that these teens are at particular risk. Programs serving teen parents can direct siblings to teen pregnancy prevention programs.
- **Parents and Other Adults:** Nearly half of teens say that parents influence their decisions about sex more than anyone else, including peers and siblings. Parents and other adult caretakers should work to build and maintain close connections with all of their children.
- **Teen Parents:** Older siblings are role models for their brothers and sisters and can "teach" them both positive and negative behaviors.

*This article is excerpted and adapted from the December 2004 issue of Science Says, a publication of the National Campaign to Prevent Teen Pregnancy.*



## “Props” 2 Pops

Back in the fifties, there was a popular TV show called “Father Knows Best.” Even then, kids didn’t believe that title always held true, but we knew that dads were darned important anyway. It’s the same thing in this Homer Simpson age. Fathers may have been called the “forgotten contributors to child development,” but that’s no more valid than a 50-year-old sit-com. To see just how valuable fathers can be in the lives of their children, we invite you to note the following findings:

- In a study of 254 African-American male adolescents, boys living with both biological parents were most likely to cite their fathers as role models (96%), compared to only 44% of those not living with their fathers, and were more likely to stay in school.
- Even after controlling for the quality of the mother-child relationship, the quality of the father-child relationship (reported by both the parents and adolescents) predicted the child’s grade point average as reported by teachers.
- A survey of 564 adolescent young women in rural South Carolina revealed that “being from a two parent family increased the likelihood of not engaging in premarital sexual intercourse.”



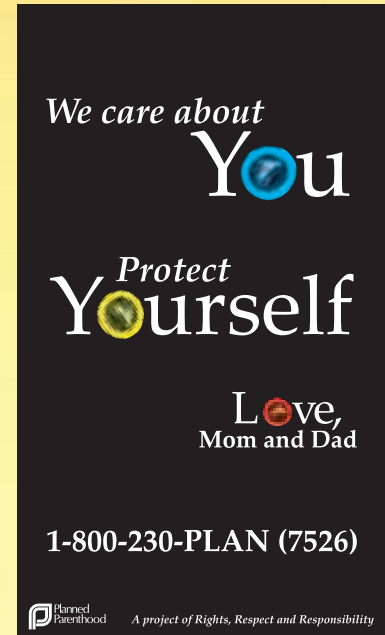
- A study of 90 Oklahoma college students found that a strong attachment to fathers had a larger impact on young adult self-esteem than attachment to their mothers.
- In a sample of 455 adolescents ages 14 to 19, “students who have higher self-esteem and lower depression reported having greater intimacy with their fathers.”
- When adolescents rate their fathers high on nurturance, they are less likely to engage in deviant social behavior, including drug use, truancy, and stealing.
- In a survey of 870 adolescents, boys who reported high levels of emotional support from parents have significantly lower rates of early sexual behavior than those reporting low levels. Boys and girls who perceive their parents to be over-controlling are likely to initiate sex at younger ages than those reporting less controlling parents.

These findings and many more are included in the fourth edition of *Father Facts*, the comprehensive review of research and statistics on fatherhood and family trends published by the National Fatherhood Initiative. More information on NFI and *Father Facts* can be found at [www.fatherhood.org/fatherfacts.asp](http://www.fatherhood.org/fatherfacts.asp).





*“Love,  
Mom & Dad”*



## ***Remember How Your Parents Hated . . . Music, tats, piercings, hair styles, fashions, slang . . .***

By Samantha Feldman

It's a familiar stereotype: parents telling their kids to **TURN THAT ANNOYING MUSIC DOWN!** But the thing about stereotypes is that they can be wrong. In fact, many parents I surveyed told me they actually like their kids' music, and they often watch MTV together.

OK, in some cases, it may be reverse psychology. "If the kids think we actually like this 'rebel music,' maybe they'll switch to something that we really do like, thinking it's rebellious." There are also parents who have no idea what their kids listen to, perhaps assuming it's rap or rock when it may be country or Christian.

But the fact remains that most parents do know what their kids are listening to because, in many cases, they're listening right along with them. And some parents know what their kids *aren't* listening to because they use

current technology to block out certain Internet sites and TV channels.

In my informal survey, I asked 100 parents how much they know about their teenagers' listening habits. Here's what they said:

- They do know what their kids are listening to: 78
- They don't know what their kids are listening to: 22
- They listen to their kids' music too: 58
- They block some sources from their home: 16
- They don't care what their kids listen to: 26

*Samantha Feldman is a member of the Planned Parenthood Salem Teen Council. She works as a volunteer at the HOME Youth Resource Center, a day shelter for at-risk teens.*

Planned Parenthood Health Services of Southwestern Oregon (PPHSSO) has produced a postcard and poster designed to inspire conversation on the importance of open and honest discussions about sex between parents and children. A national toll-free number connects callers to the nearest Planned Parenthood clinic; the postcard also has parent tips and references to helpful Web sites. For more information, contact Mary Gossart at 541-344-1611 x 13 or [mary@pphssso.org](mailto:mary@pphssso.org).

Through funding from the E.C. Brown Foundation, Cow Creek Umpqua Indian Foundation, and the Herbert A. Templeton Foundation, PPHSSO also offers a free parent info kit designed to support family communication about sex. Copies are available by calling a designated toll-free number at Planned Parenthood: 1-866-kits4us.

# Sex Ed Forum Brings Expert and Protests to Medford

Over his 26-year career, Doug Kirby has evaluated hundreds of sex education programs and shared what he knows with thousands of teens and adults. Last November, the California educator was in Medford as keynote speaker at a community forum on sexuality education in public schools. The forum was sponsored by the Oregon Department of Education, the health departments of Jackson and Josephine counties, and Planned Parenthood of Southwest Oregon.

The most effective programs, Kirby said, are those that use role-playing, a point he demonstrated with an exercise addressing the fact that couples who do not use contraception have a one-in-six chance of getting pregnant in any given month. Speaking as if to a group of teens, he urged his audience to assume they were all having sex, then asked them to pick a number between 1 and 6. Pulling a number out of a paper bag that represented a pregnancy test, he told everyone who had selected the number 3 to stand.

“You are now pregnant,” he said. The “pick a number” exercise continued until the entire audience was on its feet.

According to Kirby, such participatory exercises are far more persuasive than sitting through a lecture, noting also that combining a strong abstinence message with information on contraceptive use has been shown to be the most effective strategy for delaying sexual activity among teens.

Outside, protestors argued that teaching teens anything other than strict abstinence only encourages them to have sex. Kirby’s approach, they claimed, sends mixed messages.



Not surprisingly, Kirby disagrees. Not every teen is going to follow the path of abstinence, he said, and those who choose to be sexually active need accurate and comprehensive information. “We can emphasize abstinence and having fewer partners and using condoms and contraceptives....It’s not a confusing message to young people.”

In an editorial a week later, the *Medford Mail Tribune* agreed: “Like it or not, some teenagers will engage in sex, despite the best intentions of the best parents and the best teachers. It’s those young people who need complete, accurate information about how to prevent pregnancy and protect themselves against sexually transmitted diseases.”

*This story is based on news accounts of the forum published in the Medford Mail Tribune.*  
[www.mailtribune.com/archive/archive.htm](http://www.mailtribune.com/archive/archive.htm).



## Advocates of Parental Notification, Please Take Note

One in five teenagers would resort to unsafe sex if their parents had to be notified when they got birth control at a family planning clinic. That's the finding of recent studies by the Alan Guttmacher Institute, which surveyed more than 1,500 female teens under age 18 who sought sexual health services at publicly funded family planning clinics in 33 states. In three out of five cases, the parents already knew about the clinic visit, often because the teens told them or the parents suggested it. But among teens whose parents were unaware of the visit, 70 percent would stop coming to the clinic if their parents had to be notified, and a quarter would rely on withdrawal or would not use any contraception. Just 1 percent of those surveyed said they would stop having sex. For more information: <http://www.guttmacher.org/media/nr/2005/01/14/index.html>.

"It's good news that most teens are talking to their parents about sexual health and birth control, but that doesn't make it good public policy to force them into it. Mandating parental involvement could backfire, driving young people to have unprotected sex and putting their health and lives at increased risk." —Rachel Jones, Ph.D., Senior Research Associate, The Alan Guttmacher Institute



## Feeling Close, Feeling Safe

### *The Pure Power of Massage*

*By Jacki Gethner*

With all the education now being offered about adolescent sexual behavior, there appear to be two schools of focus: safe sex and abstinence. A large gap between these two choices is largely overlooked.

Skin is the largest organ in our body. It should not be a surprise, then, that from the time we're born, touch plays a pivotal role in how we learn and respond to many situations in life. Research shows that touch memories start at birth; infants that are held and touched more by their mothers thrive at a higher rate.

As children grow, TV and other media expose them to sex as an expected outcome of touch in specific situations. Hormonal changes have youth believing sex is the only way to quench that particular thirst for touch. Peer pressure adds yet another ingredient to a potent brew.

On the other hand, the benefits of nonsexual touch are too little explored in our media and our culture. In fact, specific massage techniques can be utilized by teens (and taught by peer educators) that will increase feelings of self-esteem, reduce anxiety, and provide options for showing affection and good decision-making without leading to sexual involvement. When our touch needs are met in such a way, we are less likely to rely on substitutes like food, drugs, and sex, freeing us to achieve more of what we hope to do in our busy lives.

*Jacki Gethner has been a certified and licensed massage therapist since 1988. In addition to her private practice, she has facilitated workshops and retreats for diverse populations locally, nationally, and internationally on various aspects of touch.*  
[www.home.earthlink.net/~jackigethner](http://www.home.earthlink.net/~jackigethner)

## *Keepin' It Real - Straight Up Talk Between Parentals & Teens*

At one time or other, most parents have probably wondered how to maintain an open and healthy relationship with the young people in their lives. They might be surprised to learn that their children are wondering the same thing.

In Central Oregon, the teen advisory board has devoted considerable thought and discussion to the experience of learning to live healthy, balanced lives. One of their brainstorms is Parents' Night, in which parents who are not necessarily their own parents join the teen board members for frank and open discussion about the important concerns in the lives of young people. The parents can ask questions they may feel uncomfortable asking their own

children, and the teens can be frank about the experiences of being teenagers in this day and age.

While brainstorming ideas for the event, the teen board devised a number of messages that may be helpful to the adults who care for and about them.

- Don't underestimate us. We are really thinking carefully about a lot of things.
- Information is not harmful for young people. We need to be told about important issues, and we like it when you talk to us.
- Please address the emotional aspects of life and relationships.

- Try to make sure your kids feel comfortable approaching you.
- Let us know about resources like counseling and Planned Parenthood.
- Don't be ashamed of us. We love you and we're trying to do our best.

What other messages should be added? What messages should be on a parent-to-teen list? If you're a teen, try using the list as a discussion-starter with the adults in your life. If you're a parent, consider tucking it away to read once in a while as a reminder of how it feels to be a teen.

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